



The Bliss Charity School
 The Green
 Nether Heyford
 01327 340758

Pupil Data Collection Sheet

The school and the Local Education Authority are required under **Data Protection** legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for educational, welfare, planning or managerial purposes. For full details please ask the school for a copy of our Privacy Notice.

CHILD

Date of birth:		Year:	Sex (Male/Female)
Legal Surname of child:		Preferred surname:	
Legal Forename of child:		Preferred forename:	
Middle name:			
Parent/Guardian 1 :		Parent/Guardian 2 :	
Name:		Name:	
Does this parent/guardian have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does this parent/guardian have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If parents are separated or divorced has a court order been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>		If parents are separated or divorced has a court order been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person a serving member of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is this person a serving member of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address Details		Address Details	
House/Flat No.		House /Flat No.	
Building/Flat name		Building/Flat name	
Street Name		Street name	
District/Village/Town		District/Village/Town	
Post code		Post code	
Home Telephone:		Home Telephone:	
Please tick the box if the child lives at this address <input type="checkbox"/>		Please tick the box if the child lives at this address <input type="checkbox"/>	

Emergency Contact Details

Please list below in order of priority the Parents and Contacts you wish us to contact in the case of emergency. This information is very important to us. If your child becomes ill during the day we need to be able to contact you, or someone acting for you who are able to collect your child. This information is very important and we would appreciate you keeping this information up to date. Please give at least two contact numbers.

Priority	Name	Relationship	Address	Phone No.
1				1.
				2.
Email address:				
2				1.
				2.
Email address:				
3				1.
				2.
Email address:				

Priority	Name	Relationship	Address	Phone No.
4				1.
				2.
Email address:				
5				1.
				2.
Email address:				

Position of child in family (Please circle)	Name and Address of Previous School (if applicable)
1 2 3 4 5	

Other children in the family:				
Name:		DOB:		School:
Name:		DOB:		School:
Name:		DOB:		School:
Name:		DOB:		School:

Medical Details		
Doctor's Name and Surgery:	Doctor's Telephone No:	
Medical Condition of Child:	Has a Statement of Special Educational Needs been issued in respect of your Child?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dietary Needs of Child	Is your child allergic to anything	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Please specify:	

Child Disability			
Please tick the most appropriate box below			
Problems with ASD/Aspergers		Problems with hand function	
Problems with behaviour		Problems with hearing	
Problems with communication		Problems with incontinence	
Problems with consciousness		Problems with palliative care	
Problems with eating / drinking		Problems with personal care	
Problems with learning		Problems with vision	
Problems with medication		Other disability – please specify	
Problems with mobility		No disability	



The Bliss Charity School
The Green
Nether Heyford
01327 340758

ETHNICALLY based STATISTICS (To be completed on behalf of all children)

The collection of ethnically based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire schools. Please tick the appropriate box

Ethnic Origin of Child		Language normally spoken in the child's home	
White	White/Asian	<input type="checkbox"/>	Albanian/Shqip
<input type="checkbox"/> British	Any other Mixed	<input type="checkbox"/>	Arabic
<input type="checkbox"/> Irish	Any other Black	<input type="checkbox"/>	Bengali (Any Other)
<input type="checkbox"/> Irish Traveller	Other Ethnic group	<input type="checkbox"/>	Bengali (Sylheti)
<input type="checkbox"/> Gypsy/Roma	Vietnamese	<input type="checkbox"/>	Chinese (Any Other)
<input type="checkbox"/> Any other White	Chinese	<input type="checkbox"/>	Chinese (Cantonese)
Asian or Asian British	<input type="checkbox"/> <i>I do not wish an ethnic background category to be recorded</i>	<input type="checkbox"/>	English
<input type="checkbox"/> Indian		<input type="checkbox"/>	Kikuyu/Gikuyu
<input type="checkbox"/> Pakistani		<input type="checkbox"/>	Greek
<input type="checkbox"/> Bangladeshi		<input type="checkbox"/>	Gujarati
<input type="checkbox"/> Any other Asian		<input type="checkbox"/>	Hindi
Black or Black British	<input type="checkbox"/> This information was provided by: Parent <input type="checkbox"/> Pupil <input type="checkbox"/>	<input type="checkbox"/>	Italian
<input type="checkbox"/> Caribbean		<input type="checkbox"/>	Lithuanian
<input type="checkbox"/> Somali		<input type="checkbox"/>	Latvian
<input type="checkbox"/> Other Black African		<input type="checkbox"/>	Malayalam
Mixed /Dual background		<input type="checkbox"/>	Information not obtained
<input type="checkbox"/> White/Black Caribbean		<input type="checkbox"/>	Other Language (Please specify)
<input type="checkbox"/> White/Black African		<input type="checkbox"/>	
		<input type="checkbox"/>	Panjabi
		<input type="checkbox"/>	Polish
		<input type="checkbox"/>	Portuguese
		<input type="checkbox"/>	Refused
		<input type="checkbox"/>	Serbian/Croatian/Bosnia
		<input type="checkbox"/>	Shona
		<input type="checkbox"/>	Somali
		<input type="checkbox"/>	Spanish
		<input type="checkbox"/>	Swahili/Kiswahili
		<input type="checkbox"/>	Tagalog/Filipino
		<input type="checkbox"/>	Thai
		<input type="checkbox"/>	Turkish
		<input type="checkbox"/>	Urdu
		<input type="checkbox"/>	Yoruba
		<input type="checkbox"/>	Classification Pending

Religion of Child	
<input type="checkbox"/> Anglican	<input type="checkbox"/> No religion
<input type="checkbox"/> Baptist	<input type="checkbox"/> Other
<input type="checkbox"/> Christian	<input type="checkbox"/> Roman Catholic
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh
<input type="checkbox"/> Jewish	<input type="checkbox"/> Unclassified
<input type="checkbox"/> Methodist	<input type="checkbox"/> United Reform Church
<input type="checkbox"/> Muslim	

Pupil's Usual Mode of Transport to School	
<input type="checkbox"/> Walk	<input type="checkbox"/> Bus (type not known)
<input type="checkbox"/> Cycle	<input type="checkbox"/> Taxi
<input type="checkbox"/> Car/Van	<input type="checkbox"/> Train
<input type="checkbox"/> Car Share (with a different household)	<input type="checkbox"/> London Underground
<input type="checkbox"/> Public service bus	<input type="checkbox"/> Metro/Tram/Light Rail
<input type="checkbox"/> Dedicated school bus	<input type="checkbox"/> Other

Signature: _____ Date: _____

Name (in block capitals): _____ Title: _____